

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/980623
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DER.	6	↓	9	↓		↓
TOTAL CLAIMS	7		10			

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	IND.	DER.	IND.	DER.	IND.	DER.
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TOTAL IND.		↓		↓		↓
TOTAL DER.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS